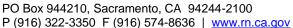


BOARD OF REGISTERED NURSING





WORK PERFORMANCE EVALUATION - RN

INSTRUCTIONS: Pursuant to *Probation Condition: Employment Approval and Reporting Requirements* a registered nurse on probation is required to submit work performance evaluations (WPEs) and other employment related reports upon request of the Board. In addition to the required reporting, the registered nurse may only function in the capacity as a registere nurse as outlined in the Employment Approval Letter and any subsequent employment modifications. WPEs are required throughout the duration of the probation term. The frequency is outlined in the Employment Approval Letter.

The evaluation must address all areas of practice and should be sufficient in content to determine that the nurse is safe and competent in his/her practice. The probationary RN *must only* be supervised by approved work site monitor(s) for which you have obtained prior approval by the Board.

	you have o			•				al &-		Alaa Daasad	
REPORTII	NG PERIOD:	Please se	elect the re	porting ti	requency	you are o	currently r	equirea to	report to	tne Board.	•
M	ONTHLY - If	monthly,	indicate th	e month.	QU	ARTERLY	REPORTII	NG – if qua	arterly, ind	icate the qu	uarter.
Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.
1 st O	uarter (1/1	- 3/31)	2 nd Quar	ter (4/1 -	6/30)	3 rd Qu	arter (7/1	- 9/30)	4 th Quar	ter (10/1 -1	12/31)
Probationary RN Name:											
				Unit:							
	obation Mo										
	ghout the re	eporting t	erm listed	above, h	as this RN	worked	a minimu	m of 24 h	ours per w	eek?	
Ye											
If no, exp	lain:										
2. Has th Ye If yes, ex		ed more t	han the ap	proved h	ours/shif	ts? (othe	r than inci	dental ov	ertime)		
3. What	is the level	of supervi	ision being	provided	 ?						
Mode Minir least	mum Super erate Superv num Superv twice durin r – If other,	vision: The vision: The g the shif	e person(s) e person(s) t worked.	providin	g supervi	sion mus	be prese	nt in the v	work settin	ng half of th	ne time.

counseling	lisciplined the probationary RN in any man , reprimand, suspension or termination?	ner during this repor YES NO	•••
If yes, explair			
	obation RN been the subject of a complain	or an investigation	during this reporting period?
YES	NO	or an investigation (during this reporting period:
If yes, explain	:		

WORK PERFORMANCE RATINGS

Instructions: Rate the probationary RN's work performance in the areas listed below. If a section does not apply, check (N/A). Any areas listed as a (1) <u>MUST</u> be explained in the ACTION PLAN listed below.

RATING SCALE

- 3..... Exceeds position expectations on a regular basis.
- 2..... Meets position expectations for a safe and competent registered nurse practice.
- 1.... Improvement needed in the area.
- N/A Does not apply to the position.

NURSING PRACTICE AREAS	3	2	1	N/A
Demonstrates skill in assessment, i.e., recognition of deviation from normal,				
interpretation of finding, problem solving and documentation.				
Demonstrates knowledge of , use of , and availability of equipment to assure safe,				
timely and therapeutic intervention/treatments.				
Demonstrates knowledge of major complications of medical interventions including risk				
assessment, prevention and nursing intervention.				
Demonstrates understating of pathophysiology and rationale for treatment of clients				
and the special needs of (CHECK ALL THAT APPLY)				
INFANT CHILD ADOLESCENT ADULT GERIATRIC				
Demonstrates ability to order and interpret routine diagnostic information, lab values,				
Radiology and Medications.				
Follows procedures and demonstrates safe and proper technique in the administration				
of intravenous fluids and blood products.				

NURSING PRACTICE AREAS	3	2	1	N/A
Demonstrates knowledge and safety while administering medications, including end	l of			
shift count.				
Functions effectively in emergency/code blue activities and completes appropriate				
documentation as required.				
Participates in providing direct patient care Strictly adheres to procedures of handling and the distribution of controlled				-
Substances; Including end of shift count.				
Demonstrates ability to perform safe and effective procedures, such as: wound care				
and dressing changes, including decubitus care at all stages; nasagastric tube inserti	on			
of Levine and salem sump tubes; Dobhoff or nutriflex tubes for enteral feedings; suction techniques (oropharynegeal and deep tracheal).				
GENERAL AREAS	3	2	1	N/A
Communicates with nursing staff and M.D.s openly and always toward the goal of				T
problem solving.				
Interacts with dissatisfied or stressed family/patients without becoming defensive.				
Maintains objectivity in the face of conflict between staff.				
Accepts responsibility for own action without giving excuses and takes proactive				
approach to problem resolution.				
Maintains and updates own knowledge and skills.				
Meets attendance expectations in being on duty and timely.				
Meets performance time frames in completing routing nursing care. Maintains appropriate behavior and/or interpersonal relations.				_
ACTION PLAN (Address all areas that were marked 1s.):				
AUDIT REPORTING (BOTH CHART/NARCOTIC AUDITS):				
COMMENTS: (Address any areas that are listed as 1s and the overall performance of	of the proba	itionary	RN)	
This report may only be filled out and signed by the approved person(s) providing s	upervision.			
	•			
EMPLOYER NAME:				
EMPLOYER ADDRESS:				
EVALUATOR NAME AND TITLE:PHO	ONE NUMBE	:R:		
EMAIL:				
WPE MUST BE SIGNED AFTER THE END DATE OF THE REPORTING PERIOD AND M	AY NOT BE S	SUBMIT	ΓED EARI	<u>-Y</u>
EVALUATOR SIGNATURE: DATE:				
DAIL!				

Submission of the WPE is preferred via email to the Probation Monitor as a .PDF document. If this is not possible, you may fax the report to (916) 574-8636.